



**City of Hermosa Beach**  
 1315 Valley Drive, Hermosa Beach, CA 90254  
 310.318-0203 - Fax 310.372-6186  
 Email: [recordsrequest@hermosabch.org](mailto:recordsrequest@hermosabch.org)



Received By: City Clerk  
 Referred To: PD  
 Date Referred: 11-13-18

## Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

<b>Name (please print):</b> <u>(SBN 256182)</u> William Strickland (attorney for Theresa Bruno)		<b>Email:</b> bill@weslawfirm.com
<b>Address:</b> 111 N. Sepulveda Boulevard, Suite 250		<b>Phone:</b> (323) 642-7751
<b>City:</b> Manhattan Beach		<b>Fax:</b> (323) 544-6618

### Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) **Submit all requests to the City Clerk's Office.**

My request is for the photographs that were taken with the traffic collision report DR#17-199.

Photocopies are \$0.20 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. *Accepted method of payment:* Cash or check. Credit card accepted in person only.

  
 Signature

10/23/18  
 Date

### For Departmental Use Only:

<b>Action Requested:</b>	<b>Action Taken:</b>	<b>By</b> _____ <b>Date</b> _____
<u>Review Only</u>	<u>Document Reviewed</u>	<u>Non-Existent Document</u>
<u>Copies Requested</u>	<u>Copies Provided</u>	<u>Other (Please Explain)</u>
	<u>Refusal/Reason</u>	

### For City Clerk's Use Only:

Date Requestor Notified \_\_\_\_\_ Notified By: \_\_\_\_\_ Date Picked Up or Mailed \_\_\_\_\_



STRICKLAND

law firm

William E. Strickland, Esq., 111 North Sepulveda Boulevard, Suite 250, Manhattan Beach, CA 90266,  
Office: (323) 642-7751 Cell: (310) 508-9437 Fax: (323) 544-6618 E-mail: [bill@weslawfirm.com](mailto:bill@weslawfirm.com)

AUTHORIZATION

TO WHOM IT MAY CONCERN:

This will authorize the examination by copying of or submission to my attorney, Strickland Law Firm, or their designated representative, of any report, writing, or other information and documentation with the incident that I was involved with, as set forth below.

This letter of authority includes, without being limited to, police reports, paramedic reports, medical reports and records, hospital records and reports, employment information and records, my automobile insurance policy declarations' page and other insurance information, and the obtaining of witness statements.

This authorization shall remain valid for only one year from the date below, unless renewed or revoked by the undersigned. A photocopy of this authorization shall be deemed to be as valid and effective as the original.

DATE OF OCCURRENCE: 1/27/17



X

DATED: 2/9/17

X

SIGNATURE OF CLIENT